

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
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34	1					
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38		1				
39	1					
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49						
50						
TOTAL IND.	3	↓		8	↓	
TOTAL DEP.	39	↑		51	↑	
TOTAL CLAIMS	42	██████████		██████████	██████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					↑	
TOTAL CLAIMS		██████████		██████████	██████████	